**Call-n-Ride**
**101 Monroe Street, 5ᵗʰ Floor**
**Rockville, MD 20850**

## Call-n-Ride APPLICATION

**Call-n-Ride is a transportation assistance program for income eligible residents of Montgomery County, who are 67 and older, or persons aged 18-66 with disabilities.**

**The following questions will determine your program eligibility. To apply for this program you must complete both sides of this confidential application and return it along with all required documentation to the address above. Each applicant must fill out a separate application. PLEASE PRINT.**

**Name:** _____ **Date of Birth:** _____ **Age:** _____

**Spouse's Name:** _____ **Date of Birth:** _____ **Age:** _____

**Street Address:** _____ **Apt #:** _____

**City:** _____ **State:** _____ **Zip Code:** _____

**Telephone:** _____

**How many other individuals live at your residence?** _____

**Is this a group home, nursing home, assisted living home, retirement home, etc?** _____YES _____NO

1.  **PROOF OF AGE:  Copy of a Maryland Driver's License (or Maryland Identification Card from the MVA), Birth Certificate, Social Security letter stating date of birth on file, Permanent Resident Card or Passport, or any other government issued identification.**

2.  **PROOF OF RESIDENCY IN MONTGOMERY COUNTY:  Please send proof of current address in Montgomery County:  Social Security statement from within the past year, utility bill (gas, electric, water, or home telephone bill), IRS W-2 or Income Tax Returns, receipt for property taxes or real estate taxes paid, voter registration card, current homeowners insurance policy or bill, monthly mortgage statement, or residential rental/lease agreement.**

3.  **INCOME:  Please submit proof of income for all members of your household with this application.  Proof of income must be:  a copy of all household income tax returns, Social Security checks, Social Security award letters, pension letters, annuity statements, SSI, job earnings, bank statements to show interest, dividend payments, or IRA distributions, etc.**

    **3A. Do you currently receive SSI (Supplemental Security Income), GPA (General Public Assistance), or Food Stamps?  _____YES _____NO**

    **3B. If YES to 2A, you must submit a letter of proof from the agency from which you receive assistance and skip to Question #3.**

    **3C. If NO to 2A, what is your gross monthly income from all sources? $ _____. You must submit a notarized letter or a letter on agency letterhead from the provider.**

4. **RESPONSIBLE PARTY:** Who will be managing your Call-n-Ride swipe card account for you? Please check one:

      _____I will manage my Call-n-Ride swipe card account myself.

      _____The following person will manage my Call-n-Ride swipe card account and should be contacted if there are any questions regarding my use of the Call-n-Ride service:

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____

_____ TELEPHONE: _____

5. **DISABILITY: DO YOU CURRENTLY HAVE A MENTAL OR PHYSICAL DISABILITY?**

    Please Answer: _____YES _____NO. (If you answered YES and you are age 18 to 66, you must provide the applicable disability form completed by a licensed physician. Seniors age 67 and older are exempt from this requirement).

    5A. Do you use a regular taxi vehicle for your transportation? _____YES _____NO

    5B. Do you exclusively require wheelchair accessible taxis for your transportation? _____YES _____NO

6. **STATISTICAL SURVEY:** The following questions provide statistical information for program evaluation. Please answer the following questions:

    6A. Are you able to utilize Metro or Ride-On Bus? _____YES _____NO

    6B. If **NO**, why/how do these services not meet your needs? _____

    _____

7. **TRANSPORTATION:** How many times *per month* do you require transportation? _____

    7A. Do you currently receive transportation services from any agency or service provider (i.e., City of Rockville, Jewish Council for Aging, Spanish-Speaking Community of Maryland, Special Transportation, Metro Access, etc.)? _____YES_____NO

    7B. If **YES**, please specify: _____

8. **PHOTOGRAPH:** Please provide us one passport size photograph of yourself to go on your swipe card.

*The information I have provided is confidential and is to be used only to determine my eligibility to participate in the Call-n-Ride Program. I certify that all information contained on this form is true and correct. Maryland has a fraud law; punishment can occur for not telling the truth when applying for the Call-n-Ride program.*

SIGNATURE_____ DATE_____

*For questions contact Call-n-Ride at 301-948-5409 (Monday through Friday 9:00 a.m. to 4:00 p.m.), Connect-A-Ride at 301-738-3252 or the MC311 Call Center by dialing 311 from within Montgomery County.*